

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission	05/01/2023 14:57 (SGT)
Reported by	Driver
Date of Accident	01/01/2023 00:02 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BLK 6 TECK WHYE AVE PARKING LOT 266
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB7238U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ANAND KUMAR RAM KUMAR @MUHAMMAD RIDWAN ASH-SIDDIQ BIN ABDULLAH
NRIC No	SXXXX985E
Email Address	GANIRAJU2890@GMAIL.COM
Mobile Phone No	(Phone) +65-88182518
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C180
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	0

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5119921966-02

DRIVER

Name of Driver	GANESAN S/O GOVINDARAJU
NRIC No	SXXXX868H
Date Of Birth	28/10/1990

Occupation	Indoor
Date Of Driving Pass	02/12/2021
Driving experience	1 YEAR AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-88182518
Alt. Phone Number	-
Email Address	GANIRAJU2890@GMAIL.COM
Address	263 BUKIT BATOK EAST AVENUE 4 #02-263
Address complement	-
Postcode	650263
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	THIRD PARTY CAMERA CAPTURE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBJ5346T
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

WITNESS DETAILS

WITNESS 1

Name	UNKNOWN
Phone	(Phone) +65-97711133
Email	-

SKETCH PLAN

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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

(ii) investigating the accident and/or my claims;

(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

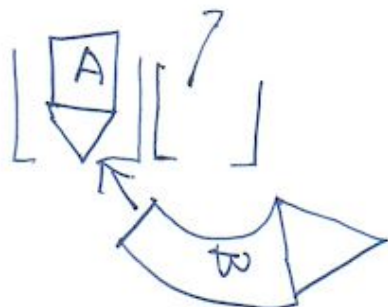
Policyholder's Signature / Date & Time

Sketch Plan

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

CAR A: SKB7238U
CAR B: QBJ5346T



Describe Circumstances of the Accident


Refer to Police Report

After that a kind soul from opposite carpark send me the video footage and i manage to catch the culprit and with the assistance of the public.

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time


Driver's Signature (if driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel

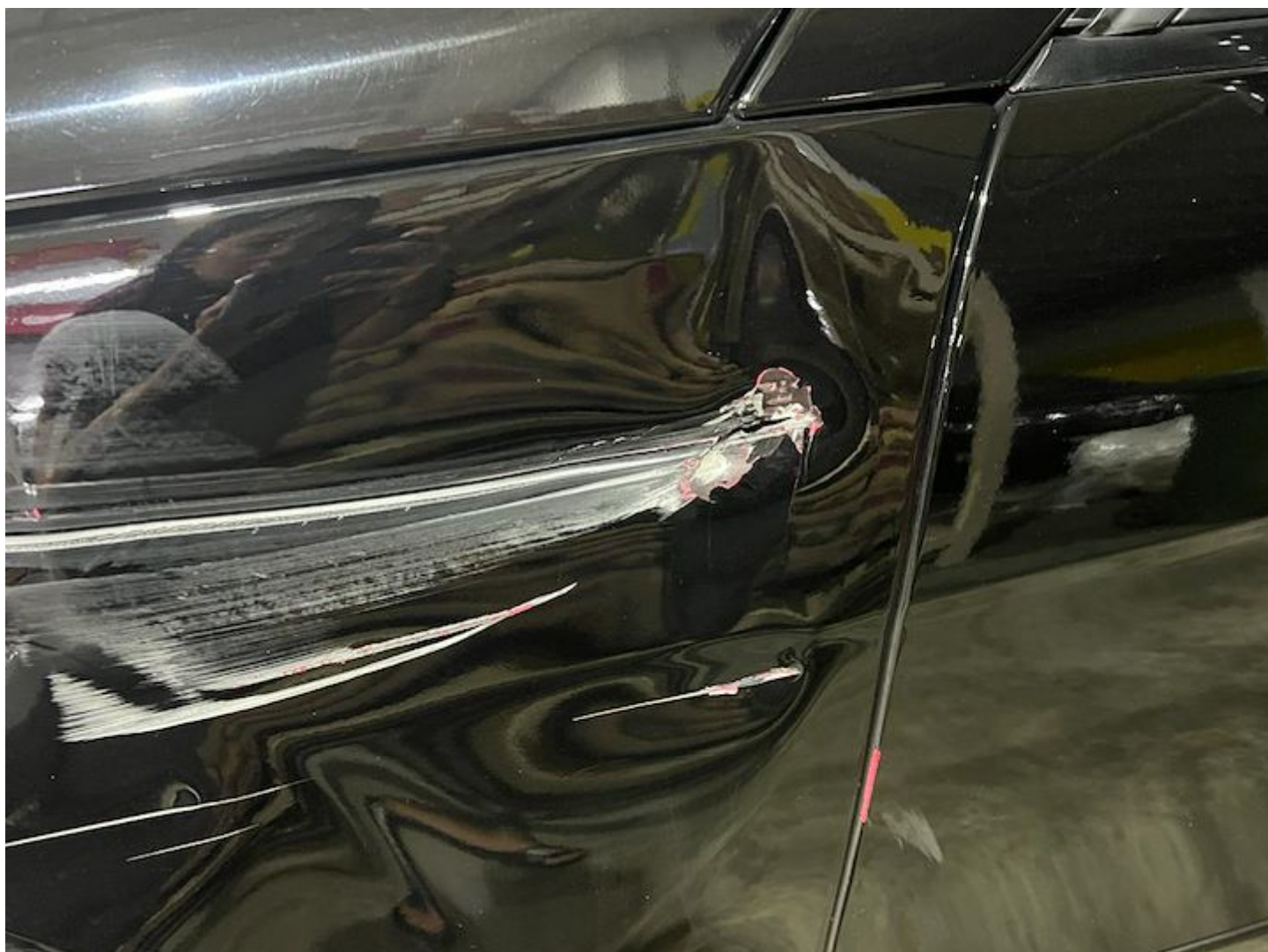




























**SINGAPORE
POLICE FORCE**



T/20230101/7008

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20230101/7008

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/01/2023 04:05	Vide Report No.: J/20230101/0053	Station Diary No.:
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Informant's Particulars

Name of Informant: GANESAN S/O GOVINDARAJU			Address: 263 BUKIT BATOK EAST AVENUE 4 #02-263 SINGAPORE 650263		
ID Type / ID No.: NRIC NO / S9041868H			Contact No.: Home/Office: Mobile: 88182518		
Nationality: SINGAPORE CITIZEN			Email: ganiraju2890@gmail.com		
Sex: Male	Age: 32	Date of Birth: 28/10/1990	Type of Informant: Driver		
Race: Indian		Language: English		Institution / School Name:	
Occupation: Self employed		Driving Licence Information: Class:		Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/01/2023 02:40	Type of Location: Car Park
Location: TECK WHYE AVENUE				
Weather: Clear				
Road Surface: Dry		Road Speed Limit:		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: stationary Hit and run				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of
SKB7238U	Car	MERCEDES BENZ	C180	Black	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKB7238U	NTUC Income Insurance Co-Operative Limited	5119921966-02	18/11/2022	17/11/2023



**SINGAPORE
POLICE FORCE**



T/20230101/7008

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20230101/7008

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Driver			
Name	GANESAN S/O GOVINDARAJU	ID No.	S9041868H
Related Vehicle	SKB7238U (Car)	Contact No.	88182518
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	GANESAN S/O GOVINDARAJU	ID No.	S9041868H
Related Vehicle	SKB7238U (Car)	Contact No.	88182518
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

I came to the said address to visit my aunt at Ard 835-840pm and my car was parked in lot 266. I left my aunt place n came down at Around 2:35-2:40am that's when I saw the damage on my car and I immediately contacted the police and traffic police came...there is no working camera in my car but in the opposite lot there were three cars with working camera..I also left a note on the three cars requesting help for footage



**SINGAPORE
POLICE FORCE**



T/20230101/7008

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Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20230101/7008

CONTINUATION OF REPORTSketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
KOH WEI JIE
Contact No.: 97303412

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
01/01/2023 04:05

Classification Of Case: